

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 AM 8:58

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Helland

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Erik M. Helland Political Party (if applicable) Republican

Office Sought Iowa House of Representatives District (if Senate or House) 69

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1703
Logged In	S 9
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a


SIGNATURE OF PERSON FILING REPORT

956-1030
TELEPHONE

1/19/09
DATE SIGNED

I AM FILING A December 31, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	7,484.78
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		2,945.00
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	10,429.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		3,287.87
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	7,141.13
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Helland

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/1/08	ID# CK# 1475	Craig Patterson 809 South Little Beaver Drive Grimes, Iowa 50111		\$125	<input checked="" type="checkbox"/>
11/2/08	ID# CK# 4165	Karen and Roy Evans 6116 Villa Drive Johnston, Iowa 50131		50	<input checked="" type="checkbox"/>
11/2/08	ID# CK# 6391	Susan Griffel 7241 Hyperion Point Drive Johnston, Iowa 50131		20	<input checked="" type="checkbox"/>
11/2/08	ID# 8551 CK# 4191	MotPAC 1455 Penn Ave. NW Suite 900 Washington, DC 20004		200	<input checked="" type="checkbox"/>
11/2/08	ID# 9659 CK# 1570	Federation of Iowa Insurerers PAC PO Box 1756 Des Moines, Iowa 50306		200	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 595

TOTAL (if last page of this schedule)

\$ 595

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Helland

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/11/08	ID# 6155 CK# 4724	ITR PAC PO Box 209 Muscatine, Iowa 52761		\$500	<input checked="" type="checkbox"/>
11/12/08	ID# 6099 CK# 985	Meredith Corp. Employee PAC 1716 Locust Des Moines, Iowa 50309		100	<input checked="" type="checkbox"/>
12/15/08	ID# 6070 CK# 3794	Iowa Law PAC 625 East Court Ave Des Moines, Iowa 50309		100	<input checked="" type="checkbox"/>
12/16/08	ID# 6021 CK# 2368	Credit Union PAC PO Box 10409 Des Moines, Iowa 50306		1000	<input checked="" type="checkbox"/>
12/16/08	ID# 6087 CK# 1608	Iowa Telecommunications Industry PAC 2987 100th Street Urbandale, Iowa 50322		250	<input checked="" type="checkbox"/>
12/17/08	ID# 6034 CK# 1594	Engineers PAC 100 Walnut Street, Suite 102 Des Moines, Iowa 50309		200	<input checked="" type="checkbox"/>
12/17/08	ID# 6067 CK# 3979	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, Iowa 50266		100	<input checked="" type="checkbox"/>
12/30/08	ID# 6070 CK# 3810	Iowa Law PAC 625 East Court Ave. Des Moines, Iowa 50309		100	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2,350.00

TOTAL (if last page of this schedule)

\$ 2945.00

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Helland

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/1/08	ID# CK# 1045	USPS 1440 Gateway Drive Grimes, Iowa	Postage	\$ 42
11/06/08	ID# CK# 1046	Gortz Haus 408 1st Street Grimes, Iowa	Fundraiser Thank-You	110.24
11.16.08	ID# CK# 1047	Capitol Resources PO Box 527 Brooklyn, Iowa 52211	Fundraiser calls/invites	1054.47
11/16/08	ID# CK# 1048	OP Printing 2610 Park Ave. Muscatine, Iowa 52761	Direct Mail	1416.61
11/22/08	ID# CK# 1049	Iowa Family Policy Center 110 North Hickory Blvd Pleasant Hill, Iowa 50327	IFPC Dinner	200.00
11/16/08	ID# CK# 1050	OP Printing 2610 Park Ave. Muscatine, Iowa 52761	Stationary	464.55
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3287.87
TOTAL (if last page of this schedule)				\$ 3287.87

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)